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Patent
Attorney's Docket No. 015200-054

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| | | |
|------------------------------------|---|---------------------------|
| In re Patent Application of |) | Mailstop AF |
| |) | |
| Hermann P.T. AMMON et al. |) | Group Art Unit: 1623 |
| |) | |
| Application No.: 09/011,977 |) | Examiner: Howard v. Owens |
| |) | |
| Filed: June 15, 1998 |) | Confirmation No.: 1580 |
| |) | |
| For: USE OF BOSWELLIC ACID AND ITS |) | |
| DERIVATIVES FOR INHIBITING |) | |
| NORMAL AND INCREASED |) | |
| LEUCOCYTIC ELASTASE OR |) | |
| PLASMIN ACTIVITY |) | |

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AMENDMENT/REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is a reply for the above-identified patent application.

- ☒ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and the ☐ \$55.00 (2814) ☐ \$110.00 (1814) fee due under 37 C.F.R. § 1.20(d) are also enclosed.
- ☒ Also enclosed is/are Journal of Applied Biomedicine, 1:7-12, 2003, Jiří Patočka.
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$375.00 (2801) ☐ \$750.00 (1801) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted ___, on ___, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least ___, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (1809/2809) is also enclosed.
- ☒ No additional claim fee is required.

☐ An additional claim fee is required, and is calculated as shown below:

| AMENDED CLAIMS | | | | | |
|--|---------------|---|--------------|--------------------|------------|
| | NO. OF CLAIMS | HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR | EXTRA CLAIMS | RATE | ADDT'L FEE |
| Total Claims | 16 | MINUS 20 = | 0 | × \$18.00 (1202) = | 0 |
| Independent Claims | 3 | MINUS 3 = | 0 | × \$84.00 (1201) = | 0 |
| If Amendment adds multiple dependent claims, add \$280.00 (1203) | | | | | |
| Total Amendment Fee | | | | | 0 |
| If small entity status is claimed, subtract 50% of Total Amendment Fee | | | | | |
| TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT | | | | | 0 |

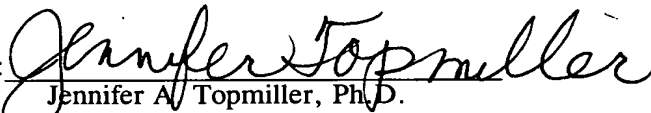
☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

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